

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **J60397** (3)

1. Corporation Name
R/E ANALYSTS, INC.



Principal Place of Business: **% MICHAEL A. MCGARRY 1213 S.E. THIRD AVE FT. LAUDERDALE FL 33316**

Mailing Address: **% MICHAEL A. MCGARRY 1213 S.E. THIRD AVE FT. LAUDERDALE FL 33316**

3. Date Incorporated or Qualified: **03/05/1987**

3a. Date of Last Report: **06/12/1995**

4. FEI Number: **65-0001364**

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21 State, Apt. #, etc.: 22 City & State: 23 Zip: 24 Country: 25

2a. Mailing Address: 26 State, Apt. #, etc.: 27 City & State: 28 Zip: 29 Country: 30

9. Name and Address of Current Registered Agent: **MCGARRY, MICHAEL A. 1213 S.E. THIRD AVE. FT. LAUDERDALE FL 33316**

10. Name and Address of New Registered Agent: 81 Name: 82 Street Address (P.O. Box Number is Not Acceptable): 83 City: 84 Zip Code: **FL** 85

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: DPS	<input type="checkbox"/> DELETE	1.1 TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: MCGARRY, MICHAEL A.		1.2 NAME: _____	
STREET ADDRESS: 1213 S.E. THIRD AVE.		1.3 STREET ADDRESS: _____	
CITY-STATE-ZIP: FT. LAUDERDALE FL		1.4 CITY-STATE-ZIP: _____	
TITLE: VP	<input type="checkbox"/> DELETE	2.1 TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: MAFERA, CHRISTOPHER		2.2 NAME: _____	
STREET ADDRESS: 1213 SE 3RD AVE		2.3 STREET ADDRESS: _____	
CITY-STATE-ZIP: FT LAUDERDALE FL		2.4 CITY-STATE-ZIP: _____	
TITLE: _____	<input type="checkbox"/> DELETE	3.1 TITLE: VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: _____		3.2 NAME: M. Scott Dooley	
STREET ADDRESS: _____		3.3 STREET ADDRESS: 1213 S.E. Third Ave.	
CITY-STATE-ZIP: _____		3.4 CITY-STATE-ZIP: Ft. Lauderdale, Fl	
TITLE: _____	<input type="checkbox"/> DELETE	4.1 TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____		4.2 NAME: _____	
STREET ADDRESS: _____		4.3 STREET ADDRESS: _____	
CITY-STATE-ZIP: _____		4.4 CITY-STATE-ZIP: _____	
TITLE: _____	<input type="checkbox"/> DELETE	5.1 TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____		5.2 NAME: _____	
STREET ADDRESS: _____		5.3 STREET ADDRESS: _____	
CITY-STATE-ZIP: _____		5.4 CITY-STATE-ZIP: _____	
TITLE: _____	<input type="checkbox"/> DELETE	6.1 TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____		6.2 NAME: _____	
STREET ADDRESS: _____		6.3 STREET ADDRESS: _____	
CITY-STATE-ZIP: _____		6.4 CITY-STATE-ZIP: _____	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the registered trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed or on an attached form with an address.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)